

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XL.

WEDNESDAY, JULY 18, 1849.

No. 24.

**FOUR CASES OF POISONING BY CEDAR OIL.—TRIAL FOR MAN-
SLAUGHTER.**

[Reported for the Boston Medical and Surgical Journal.]

CONCERNING cedar oil as a poison, and the mode in which it operates, the information given in the books and journals that mainly compose the library of the practising physician and surgeon, is extremely lean and unsatisfactory. If the general condition, and symptoms in detail, induced by this article, are fully given in any work, I have not the satisfaction of knowing it. And I am not the only one that confesses to the insufficiency of book knowledge upon this subject, as was evinced by the admission of medical gentlemen at the trial of an indictment for manslaughter for the death of a young woman by cedar oil, before the court of Oyer and Terminer held for the County of St. Lawrence, last week, at Canton. Hence I take leave to report four cases of poisoning by cedar oil, that have occurred in my practice since the commencement of the year 1844; and I also take leave to report so much of the trial of the indictment referred to, as may be supposed interesting to the medical profession.

It is unnecessary, for the purposes of this communication, to give the natural history of the substance sold and used in this part of the country under the name of cedar oil. It is sufficient to say that it is nearly colorless, and almost as thin as water. This substance has the popular reputation of being capable of acting specifically upon the gravid uterus, which leads to its being used and taken for the purpose of procuring abortion. How justly it is entitled to such reputation, the cases herewith reported furnish evidence for the decision.

CASE I.—Mrs. S., aged 26, mother of three children, and in good health previously, on the 23d of November, 1844, about 7 o'clock, P. M., was found by her husband on the floor, and, as he supposed, dying. Mr. S. had been absent about twenty minutes. I was immediately sent for, and in twenty-five minutes was at her side. She had been placed upon a bed, "had had two fits since she was found, was now in the third, had vomited between the second and third, and did not come to herself between the fits." The matter vomited emitted the odor of cedar oil. Her whole body—neck, trunk and extremities—was perfectly stiff, all the voluntary muscles being in that state of violent contraction called

by Cullen "*spastic rigidity*," and by some others "*tonic spasm*," and the whole body at the same time *jerking*. Her eyes were glaring and still; jaws set; hands clenched; breathing struggling, choking and strangling; countenance bloated and livid, and her pulse as low as 60 per minute, very wide and soft. Soon her breathing became more free, uniform and active, and at each expiration puffed out blubbers from her mouth, and at each inspiration hauled them in. Coincident with the improvement in her breathing, the jerking abated, and the spasm of the muscles gave way, till her arms fell limpsy by her side. The whole system then became relaxed, and the breathing quite easy and quiet, yet the eye remained glaring and fixed, the pulse slow, wide and soft, and the stupor so profound that no sign of consciousness could be elicited. Regarding the case as one of poisoning by cedar oil, I had had twenty grains of white vitriol dissolved in half a teacupful of warm water, ready to be given her as soon as her mouth could be opened, in order to remove by prompt vomiting what might yet remain of the poison in her stomach. I now put one spoon-bowl in her mouth to keep it open, and with another spoon put the solution of white vitriol by spoonfuls into her mouth. She swallowed part of it, and she spilled part, by instinctive motions and efforts. When about one half had been given in this way its administration was suspended by the occurrence of another paroxysm. The paroxysm began by a jerking of the eyes, followed by jerking of the head, contraction of the muscles of one side of the face and neck, then those of the other side, those of the back of the neck, those of the arms, trunk and lower limbs, in rapid succession. When the muscles of the arms and of the body generally contracted, the arms were reached out imploringly, which with the accompanying groan, if groan *that noise* could be called, anxious and strained eye, and distorted countenance, was the natural language to the by-standers of the extremest terror and amazement, although the patient was entirely unconscious. (I believe this symptom to be pathognomonic of convulsions occasioned by cedar oil and its kindred poisons, for I have never read of it in convulsions from any other cause.) Then followed violent jerking of the whole body, the breathing being nearly suppressed. After a little time, the jerking gradually abated, and the breathing became more free, and the symptoms given of the latter part of the paroxysm she was in when I arrived, succeeded, and in the same order. After the paroxysm was over, I gave her the remainder of the solution of white vitriol, with the addition of some ipecac. She immediately vomited. The odor of cedar oil was emitted from the matters ejected from the stomach. I now put down warm water and ipecac., and she vomited again. She then had another paroxysm. This over, more warm water was given, and she vomited again. Her pulse were now about 55 in a minute, intermitting, wide and soft. (I also believe this slow, wide and soft pulse to be pathognomonic of these cases. In convulsions from other causes I have never seen nor heard of it.) The head and shoulders were put in an elevated position, the head kept cool, the extremities warm, and friction applied to the skin generally. The paroxysms from this time occurred with less frequency, and were apparently abating

in severity. At the end of an hour and a half from the time at which she was found, the convulsions ceased altogether, leaving her in a state of profound coma, breathing heavily, but regularly, with a pulse beating about 55 strokes per minute. At the end of an hour, the pulse began to rise in frequency, became more regular, narrow, normal and firm. At the end of three hours from the time she was found, the pulse were about natural as to frequency and regularity, and her breathing like that of a healthy person in a very deep sleep. At the end of about four hours she could be aroused a very little, but would immediately doze away again. At the end of six hours she was awakened, but was delirious. Pulse now over 100. Re-action was clearly established. I left her at 2, A. M., and visited her again at 9. I now found her feverish and dizzy, and complaining of soreness all over, and a burning distress at her stomach. I ordered thin mucilage as drink and food, and enemata to move the bowels. She recovered, under the treatment that can well be imagined, and therefore need not be described.—She said she took the cedar oil to clear herself of being in the family way, and that she took a large teaspoonful. She was three months advanced. Her object was not accomplished.

CASE II.—Mrs. A. E. B., widow, aged 32, staying temporarily with the family of G. W. W., in this village, healthy and mother of several children, about 8 o'clock, P. M., January 5, 1845, went out of the house into the wood-yard, through a small shed, and very soon was heard to make a noise as though she was hurt. It being a very dark evening, and the ground covered with ice, it was supposed she had fallen. On getting to her with a light, she was discovered to be in a fit. A messenger was immediately sent to me, requesting my attendance, and saying that she was hurt by a fall on the ice. In a few minutes I was at her bed-side. After she was taken in and put upon a bed, she vomited, and the odor of cedar oil was distinctly perceived. She had had a second fit when I arrived. She was now conscious, and moaned most piteously; and on being requested to put her hand on the seat of suffering, she put it upon her stomach. She could not speak so as to be understood. She articulated like a person laboring under hemiplegia. She went immediately into another fit. The description given of the paroxysm of Case I. applies exactly to the paroxysm of this case. The same glaring eye, the same jerking of this organ, and of the head, the same contraction of all the voluntary muscles, the jerking of the whole body, the imploring reach of the arms, the imploring groan, the distortion of the countenance, the natural language of terror and amazement, the interruption of breathing, and the same slow, wide, soft pulse, were present, as was also the succeeding abatement of the jerking, amendment of the breathing, bloated lividity of the countenance, blubbing at the mouth, subsidence of the spasm of the muscles and limpy condition of the whole body. Her pulse were less than sixty per minute. Consciousness again partly returned. Believing the case to be one of poisoning by cedar oil, I gave her twenty grains of white vitriol dissolved in half a teacupful of warm water. She vomited promptly and freely. From the matters vomited the odor of cedar oil was emitted in a great

degree of intensity. I now gave warm water and ipecac., and she vomited twice more freely. She now went into another fit, which, unlike the preceding, left her unconscious. The paroxysms continued to recur, and that more frequently, accompanied with a continued diminution of the frequency of the pulse. Cold was applied to the head, warmth to the extremities, and friction to the surface. As the convulsions continued, the stupor became more and more profound, and the convulsions apparently more and more feeble; the eye all this time staring intelligently and the pupil dilating. At the end of about thirty minutes after my arrival, the convulsions ceased altogether, the patient passing into an apparently apoplectic state, accompanied with stertorous breathing. Stertor continued but a few minutes. It was succeeded by breathing of a very different kind; and the chief character of this was, an unsuccessful heaving of the chest in inspiration for breath, and a limpsy dropping together of the chest in expiration. The countenance soon assumed a venous aspect; the pulse sank to 45 in a minute, and the pupil of the eye was completely dilated. The pulse next intermitted, and the soft parts about the neck were sucked down at every effort at inspiration, and the lower jaw descended. It was evident that the balance between the circulation and respiration was lost, and that the blood was accumulating in the large venous trunks behind the heart. This condition of things increased until she breathed her last, which occurred about forty-five or fifty minutes after I arrived.

A coroner's inquest was held on the body of this woman, at which I made a *post-mortem* examination, in conjunction with Dr. Hudson. The appearances were—the odor of cedar oil was given forth on opening the stomach; the stomach was almost entirely empty—its lining membrane presented a few small red patches on the upper and anterior part of its surface, and these surrounded by large patches which had lost the fine polished surface that this membrane naturally presents. Intestines nearly free from signs of disease. On opening the uterus, this organ was found to be gravid, containing a fœtus of between three and four months development. Disease of the stomach and intestines not sufficient to cause death. Death was produced by narcosis. Verdict of the inquest was, that said A. E. B. came to her death by cedar oil taken for the purpose of procuring abortion.

CASE III.—Miss L. K., aged 17, subject to fits of mental derangement, but otherwise tolerably healthy, serving in the family of Dr. Spencer, in this village, on the 3d January, 1846, went out of doors about noon, and swallowed an ounce of cedar oil for the purpose of committing suicide, and went immediately into the house and informed Mrs. Spencer what she had done. Alarm to the rest of the family was given, and I was immediately sent for. In fifteen minutes from the time of her swallowing the cedar oil I was with her. She at first refused to talk, but on being threatened that she should be held and my medicine poured down, she answered me and said that she "had taken the cedar," that "she wished to die," and that she "would not take anything." I dissolved twenty grains of white vitriol in half a teacupful of warm water, and told her she must take it. She absolutely refused to do so. She further

answered me, and said that "her stomach burned" and her "head felt bad." Her face now turned very red, and her eyes began to glare and twitch. To get away from me she started to go into another room, pressing both hands upon her stomach, and staggering as she went. Mrs. Spencer took hold of her and steadied her in walking. Mr. J. Wait, present sheriff of this county, and Col. James Spencer, son of the Doctor, happening to be in front of the house, at this moment, in the street, I called them to my assistance, and we forced the white vitrol down her throat. Scarcely had we finished giving it, when convulsions came on. (The way we forced the medicine down, was this, viz., the gentlemen named held her, while I opened her mouth and placed a spoon-bowl in it; another assistant held her nose, while I put the solution by spoonfuls in her mouth. She swallowed perhaps two thirds of it.) The symptoms presented by the paroxysm in this case, were exactly like those in the preceding cases, and therefore need not be described. Unlike Case II., but like Case I., no sign of consciousness could be elicited after the first paroxysm of convulsions. As soon as the first paroxysm subsided, she vomited freely, and threw up cedar oil. I now gave her warm water, white vitrol and ipecac., which made her vomit four times more. (It is to be understood that this was accomplished piece-meal, and during the intervals of the paroxysms. As has been mentioned in detailing the proceedings in the other cases, the medicine was given only between the paroxysms.) The intervals between the paroxysms were now seen to be shorter, and the convulsions apparently to become weaker. The pulse grew slower, and the pupil dilated to one half of the width of the iris. At the end of about forty minutes from the commencement of the convulsions, they ceased altogether, leaving the patient in an apparently apoplectic state, accompanied with stertorous breathing, and a pulse numbering about 50 per minute. Stertor continued but a few minutes, when it was succeeded by an unsuccessful heaving of the chest, at every effort at inspiration for breath, and a limpsy dropping together of the chest at expiration. The countenance was assuming a venous aspect, and the pulse began to intermit. The external treatment given to the other cases was applied to this, throughout its course, as was done in those. It was now evident, as in Case II. at this stage, that venous congestions were taking place in the large venous trunks behind the heart, and that the balance between the circulation and respiration was being lost. Now, what more can be done to save the patient? was the question I proposed to myself. Death is inevitable, and that, too, in a few minutes, unless the balance between the circulation and respiration can be restored and maintained; and what can do this but diminishing the quantity of blood in the large venous trunks behind the heart? Bloodletting is indicated as shedding the last ray of hope. Omit it, and death is certain. Practise it, and escape is barely possible. Can bleeding injure the patient? It cannot, for the venous congestions have resulted from the partial paralysis of the heart, by narcotism, and not from debility and exhaustion. The case is not one of debility, but of narcotism. May not bleeding, by diminishing the quantity of blood behind the heart, prove a stimulant to this organ, by giving it less to con-

tract upon, and thereby enabling it to contract more perfectly, and keep it in action till the narcotic influence should abate and re-action come on? It is barely possible that such may be the effect. Thus reasoning, my convictions were in favor of a trial of the remedy. I bled from the arm to the amount of fourteen or sixteen ounces. Whether bleeding or nature stayed the further downward tendency of the patient, I will not presume to say from this single case; but the case grew no worse. For one hour the patient remained in nearly the same condition. The pulse slow and occasionally intermittent, the pupil dilated, and at every inspiration the soft parts in front of the neck were sucked down, and the under jaw would descend, accompanied with a mucous rattle in the throat. During this time, however, the venous aspect of the countenance cleared away. During the next hour, the pulse, which had already begun to rise, went up to 65 beats per minute, respiration became more easy, and the patient coughed and swallowed, and thus cleared the throat. At the end of this hour, it was pretty evident that narcosis was passing off, and re-action coming on. At the end of the fourth hour the patient was awakened, but was delirious, and on being let alone immediately dozed away again. Gentle stimulants, viz., wine whey and coffee, were now given. At the end of six hours the patient awoke, was more collected, and complained of dizziness, thirst, and distress at her stomach. On the next day she had a high fever, was dizzy, sore all over, and sick and distressed at her stomach. She recovered, under appropriate treatment.

CASE IV.—Miss A. G., daughter of M. T. G., of this village, aged 17, in full health previously, at her father's house, between 3 and 4 o'clock, P. M., February 16, 1849, suddenly complained of pain in her stomach, turned very red in the face, and on laying herself down upon a bed, went into convulsions. A messenger was immediately despatched for me, who came into my study, and said that I was wanted to see A. G. as soon as possible, as she was thought to be dying. In six or eight minutes I was at her bed-side. She was in a fit of convulsions, and senseless. The whole system of voluntary muscles was tightened with the most rigid spasm, the whole body jerking, the eyes glaring, pupils dilated a little, pulse 60 per minute, and respiration struggling, catching and strangling. The odor of cedar oil was present in the room. It was said that this was the third fit. I called for warm water to prepare medicine in. There was none, and the fire was down. I said the case was a case of poisoning by cedar oil. As this paroxysm eased off, and the spasm of the muscles abated, I forced her mouth open, and put a finger in her throat, with a view of exciting nausea and vomiting, if possible, while waiting for the water. In this way I made her heave a little, which brought some froth into her mouth. This froth strongly emitted the odor of cedar oil. Some of this froth ran out of her mouth, and some of it was wiped out. The cloth, that was used in wiping her mouth, was strongly scented with cedar oil. Before the water was obtained, another paroxysm came on. In the interval she remained entirely unconscious, and the spasm did not entirely pass off. The paroxysm, as in the other cases, began by a jerking

of the eyes, followed by jerking of the head, contraction of the muscles of one side of the face and neck, those of the other side, those of the back of the neck, those of the arm, trunk and extremities, accompanied with the same imploring reaching of the arms, groan, if groan that noise can be called, glaring eye, and natural language of the most extreme terror and amazement, and this succeeded by jerking of the whole body. So heart-sickening, and indeed frightful, was the appearance of this patient during a fit, that but few of the by-standers could bear the sight. Some fainted, and others covered their faces with their handkerchiefs and turned away. By the time this paroxysm had so subsided as to admit of her mouth being pried open, I had twenty grains of white vitriol dissolved in half a teacupful of warm water. I now pried her mouth open, and kept it so, by retaining the bowl of one spoon in it, while with another I put my solution of white vitriol by spoonfuls into it. So imperfectly did the spasm pass off between the paroxysms, that the patient was in constant motion, which not only impeded the administration of the medicine, but spilt more or less of every spoonful. Two or three men tried to hold her still, but they could not do it so as to prevent the medicine being spilt. About one third of this mass was probably swallowed, when its further administration was suspended by the occurrence of another paroxysm. When this had sufficiently subsided to allow swallowing to be performed, I again pried her mouth open, and resumed the administration of the medicine. Another third of it was probably swallowed, and the remainder spilt as before. Now another paroxysm came on, and suspended again this branch of our treatment. When this paroxysm eased off, I again pried her mouth open, and endeavored to excite vomiting by tickling the fauces with the tip of my fore-finger. The spasm of the muscles did not entirely pass off between the paroxysms, so I had constantly to keep some hard substance between her teeth, to prevent her mouth shutting. In the endeavor to excite vomiting with my finger in the fauces I spent this interval, but to no purpose, as she did not vomit. Another paroxysm now came on, and I now prepared another twenty grains of white vitriol, and a heaping teaspoonful of ipecac., in about two thirds of a teacupful of hot water. As soon as her mouth could again be opened, I gave of it to her, and probably succeeded in getting about half of it down, when swallowing became slow and difficult. Another paroxysm again suspended operations. After the subsidence of this paroxysm, the giving of the medicine was again resumed, and a little more of it probably went down, but it was soon perceived that she did not swallow, which stopped its being put into her mouth. All the outward means employed in the other cases were used in this. After she ceased swallowing, I again put my finger into the fauces, and also put the feather end of a quill into the same to excite vomiting if possible, but to no effect. The pulse were now about 45 in a minute, wide and soft. The paroxysms became feebler, and the interval between them shorter. Two or three paroxysms more, and the convulsions ceased altogether, leaving the patient in an apparently apoplectic state, accompanied with stertorous breathing, twitching of the voluntary muscles, venous countenance, and pulse between 40 and 45

in a minute. Stertor continued but a minute or two; it was followed by an unsuccessful heaving of the chest in inspiration for breath, and a limpsy falling together of the chest in expiration, accompanied with a sucking down of the soft parts in front of the neck in inspiration, and descent of the lower jaw. The pathological condition evidently now was—the balance between the circulation and respiration was being lost, and the blood was accumulating in the large venous trunks behind the heart. And the indication was to restore and preserve the balance between these important functions. Could any measure fulfil this indication? Bloodletting had appeared to do it in the case of Miss R. True, in the latter case the cedar oil had been removed from the stomach; whereas, in the present, it still remained. Shall the patient be abandoned to her fate, which must be death in a few minutes, or shall I afford her the small chance of escape, held out by bloodletting? was the question I proposed to myself. Mrs. B., Case II., died in a very few minutes after the supervention of the pathological condition now present in this case, although the cedar oil had been thrown from her stomach. My convictions favored a trial of bleeding. Accordingly I bled to the amount of from twelve to sixteen ounces. For a few minutes her breathing seemed to be eased by bleeding; soon, however, it relapsed into the same difficult and laborious movement it exhibited before the operation. The pulse beat less and less frequently, till it was down as low as 35 in a minute, yet regular, and the heart stopped apparently in the middle of a beat. The pupil was dilated to its fullest extent, and breathing was performed not more than twice a minute for the last three minutes. She breathed her last about fifty minutes after my arrival.

Post-mortem Examination.—The unhappy father of this ill-starred young lady requested a *post-mortem* examination. I acceded to his request, and made an examination sixteen hours after death, in conjunction with Dr. Williams, and in the presence of Rev. B. B. Beckwith, Judge E. Dodge, and Harvey D. Smith and Sylvanus Cone, Esqs. The stomach contained but a small quantity of nearly-colorless fluid, with some dirty-looking sediment on the interior surface of its lower and back part. This sediment was probably the ipecac. that was swallowed. Three or four small red spots, as large perhaps as a finger-nail, were visible in its upper and anterior part. A considerable portion of the interior surface besides, had lost its usual polished appearance. I poured the contents of the stomach on a rough dry board. The cedar oil could not only be smelled, but it was distinctly seen spread out in the fluid the stomach had contained, and making greasy-looking spots on the board. In quantity it looked as though it might be two tablespoonfuls, but it probably was not more than two teaspoonfuls. The duodenum showed some signs of inflammation, as though smaller doses had been previously taken and operated upon the bowels. The remainder of the bowels were healthy. The disease of the stomach and duodenum was not sufficient to occasion death, nor even severe indisposition. The narcotic powers of the cedar oil destroyed life before its irritant properties could produce serious disease. The uterus was found in a

healthy gravid state, and the fœtus had attained the development of about six or seven weeks.

Manslaughter.—A young gentleman, whose manner towards the ill-fated subject of the last case, had long been a subject of remark to her father's family and near neighbors, was suspected of having seduced her, and, in an attempt to procure abortion, had destroyed her life. He was accordingly arrested, indicted for manslaughter in the fourth degree, and last week had his trial.

On the part of the prosecution, it appeared in proof that A. G. came to her death by cedar oil; that cedar oil is popularly reputed as capable of procuring abortion; that deceased was pregnant about six or seven weeks; that the cedar oil was taken for the purpose of procuring abortion; that cedar oil is an irritant narcotic, when taken in a large dose; that two teaspoonfuls would invariably occasion death, unless it was soon removed from the stomach; that the stomach and intestines were not sufficiently diseased to occasion death, or indeed more than slight indisposition; that the narcotic operation of the cedar oil superseded its irritant, and that as a narcotic it occasioned convulsions, coma and death. It also appeared in proof, that an emetic of white vitriol, twenty grains, and repeated with ipecac., was partly administered, as described in the report of this case, and that the patient was bled a few minutes before she died. It further appeared in proof, that the accused was identified with the seduction and pregnancy of the deceased, with the using of means to procure abortion a few days before the cedar oil was taken, with the purchase of the cedar oil, and with his furnishing it to her, knowing that she intended to take it for the purpose of procuring abortion.

On the part of the defence, among others a plea was put in, that the treatment administered to the patient, and not the cedar oil, caused her death. Under this plea, it was attempted to be proved that cedar oil was an irritant, and not a narcotic poison; that blue vitriol had been given rather than white, and that blue vitriol was also an irritant poison, and that the bleeding would prevent vomiting and promote the absorption of the blue vitriol, and facilitate its operation as a poison. Strange as it may appear, medical testimony was obtained that seemed to favor these views and that position. *Seemed*, I say, for it was not frank, unhesitating statements that tended to this effect, it was the eager manner intended to be taken for such statements. In other words, the thing was not said, but meant to be understood as being said. The administration of blue vitriol instead of white was thus shown, viz.:—One that was present at A.'s death, said that the medicine Dr. Wait gave looked dark. A second one said it looked dark; he had seen blue vitriol, and should think it was blue vitriol. And a third said he heard Dr. Wait say blue vitriol. The district attorney drew out of these witnesses the symptoms, progress, and speedy termination of the case, and they gave the events of the case as to the degree of violence of the symptoms and the order in which they occurred, with a good degree of unintentional fairness. I will here say, that if blue vitriol had been given, in this case, in the manner in which the medicine was described as being

given, it would have been good practice, although I never gave blue vitriol in any case in my life. If the defence were sincere in their presumption of the administration of blue vitriol, it is very remarkable that they did not use the best means at their command to prove it. Why did they not show by Dr. Williams, who had been on the stand, by Judge Dodge on the bench, and by H. D. Smith, Esq., also in court, whether the contents of the stomach and the interior surface of this organ were tinted with a neat, clear, uniform blue color, such as blue vitriol only colors? I have already stated that these gentlemen saw the stomach examined. Their testimony would have been decisive. Why did they not show by the family and others that were about the deceased at the time of her sickness and death, that her clothes about her neck, and the bed-linen, were stained blue by the medicine spilled? Having adduced testimony that *seemed* to favor their plea, it was deemed necessary, in order to give this testimony weight and character, to have it corroborated by the testimony of some strong man. Dr. Darius Clark, of Canton, was now called to the stand. Dr. Clark said—"Cedar oil would produce just such a case as had been described by the three witnesses last on the stand." He "had had experience with cedar oil as poison." "That if blue vitriol was given, the quantity given between the fits, as described, would be about the usual dose of that medicine as an emetic, and that if the first dose did not operate, it must be repeated, and perhaps again and again." He said his "opinion was that the patient began to die before bleeding was performed," and that she "died in consequence of the cedar oil."

Several medical gentlemen present, were not called to the stand; and one, who had been just before Dr. Clark, and who testified that cedar oil was not mentioned in the books, and that it was an irritant poison in contra-distinction from a narcotic poison, concluded pretty suddenly (on hearing Dr. Clark) that his presence was unavailing, and that it was useless for "light to shine into darkness if the darkness comprehended it not," and probably that his business at home demanded his immediate return. This plea was abandoned by the defence, and was not mentioned in summing up the cause.

The jury, after ten minutes' retirement, returned into court with a verdict of *guilty of manslaughter in the fourth degree*, and the court sentenced the accused to one year's close confinement in the county jail and to a fine of five hundred dollars, and to stand committed until said fine is paid.

Several medical gentlemen present, in private conversation, admitted that cedar oil, as a poison, was insufficiently treated of in the books, although it was referred to in connection, and apparently classed with, oil of savin.

SAMUEL C. WAIT, M.D.

Gouverneur, St. Lawrence Co., N. Y., June 30, 1849.

CHOLERA IN NEW YORK—SPOTTED FEVER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Our late visit to New York has not been forgotten. After we parted, I continued my daily visits to the cholera hospitals, where I found the number of cases varied in the twenty-four hours from ten to twenty in each ward. The deaths averaged from five to ten in each hospital daily, and from thirty to sixty in private practice. I saw no especial cause for alarm, however, and I may safely pronounce the Asiatic cholera not to be generally epidemic in the city. If it is epidemic at all, it is confined to a small district, and that in the filthiest and most obnoxious quarter. I do not believe a single case has occurred in one of the respectable hotels, or among the "upper ten," during the season; and I neither heard of, nor saw a case, that could not be traced to previous exposure, or imprudence in diet, or that was not attended with diarrhœa of some hours, or even days standing.

The disease, whatever may be the predisposing cause, is evidently excited by poverty and intemperance, by the imprudent use of unripe fruits, vegetables, ice creams, &c., and aggravated by the pernicious custom of watering, or rather inundating the streets daily, that keeps them sloppy and muddy, and occasions a damp and unwholesome cholera effluvia, which might be altogether avoided, if the filth and rubbish were only removed daily, and the streets swept clean and dry every morning. Dry dust, in this instance, is far preferable to mud and damp insalubrious vapor. Moreover, the disease is increased by the thousand "cholera specifics," which are daily manufactured by apothecaries and apothecaries' boys, and botanic physicians, and hourly sent forth to poison the community, and add celerity and intensity to a disease, already the most fearfully rapid and fatal of any hitherto known. It is not improbable the disease may extend with the hot weather of July and August, but those who are prudent and temperate in all things have little to fear.

The disease has not assumed in New York that epidemic intensity that is so common on the plantations of the south, or among the impoverished emigrants of the West. I saw no *foudroyant* cholera, such as I have been familiar with in times past, where the subjects fall without premonition, and die in two or three hours, unless it be one who had fallen and lie in collapse on the sidewalk, longing to see a health officer, but "who died without the sight," and another who was drawn in an open hand-cart through the streets, in the blazing sun, by a couple of porters, disputing with a policeman for the prize, and who absolutely refused to take him to the hospital till they were fully paid. The scene strongly reminded me of the one in Byron, where the dogs hold carnival over a defunct body.

Notwithstanding the disease ordinarily manifests the usual forms and stages, I saw no potential cures by infinitesimal doses, no miraculous washings in the Sitz bath, and no resurrections from the precious anointing with mercurial unguents, so enthusiastically heralded by the hospital physicians in the former epidemic, when they triumphantly announced they had "nothing more to expect in the way of therapeutics;" "we con-

template the result even with admiration, so great is the victory, and so obvious the triumph of art."

I imagine the physicians are very indifferent about it at present, or prodigiously frightened at the malady, for in all my visits to the hospitals I never met with a single city practitioner or student investigating the disease, or watching the progress of a single case. The regular attending physician made his usual rounds once or twice daily, I was told, and left the management of the patients wholly to the pupils and nurses who had charge of the wards.

Patients were brought in at all stages of the disease, though chiefly in the cold stage, which were recorded collapse, or partial collapse, as the case may be, and medicine ordered accordingly. And here I must say I was not a little surprised at the simplicity, nay, the inefficiency of the treatment. The fact seemed to be taken for granted, as confidently expressed by one of their late penny pamphlet writers, "that when the disease has fairly set in, one method of treatment is about as good as another, and none of them of much value, except so far as they tend to keep up hope and confidence in the patient." It appeared to be chiefly *expectante* or temporizing, on the principle, I suppose, that it is better to do nothing than to do harm. It ranged between calomel and opium, camphor and valerian, while ice was chiefly relied upon as a placebo in the cyanose or collapsed stage. External applications, sinapisms, frictions, and other adjuncts so essential in the cold stage, were wholly neglected, as far as I could discover, while I noticed several cases recently entered in the forming stage, without persistent vomiting or purging, or cramps, with coldness of the surface or extremities merely, and *with a pulse of good volume*, that were suffered to pass on to collapse, under the experimental treatment, and die in two or three hours. Without intending to be captious or witty, it really reminded me of two very successful *traiteurs* I encountered during the past epidemic in the South. One of them, a colored physician, had his pack of cards regularly numbered and lettered with every article of medicine and diet necessary and useful in the treatment of the disease. When called to a patient, he very gravely shuffles his cards, and pulls out one after another, and as they turn up good or bad, he prescribes accordingly. Carefully drawing them out, he says, calomel, *bad*—camphor, *good*—bleeding, *bad*—leeches, *bad*—soup, *good*—salts, *bad*—bathing, *good*—brandy, *good*—ice, *good*, and so on to the end of the chapter. The other was a practitioner of some notoriety, and was called the *Teetotum* doctor. He had a die regularly marked on each side, thus—B., for bleeding; P., purging; V., vomit; G., glyster, &c., and with a whirl of the teetotum he decided upon the kind of medicine to be given, and the general treatment to be pursued. The moral effect of this system is evidently very great, but whether or not its success in cholera equals that of Homœopathy, Hydropathy, &c., I am unable at present to decide. Should the number of deaths increase in the Hospitals of New York, in spite of all other modes, one or both of the above systems might be tried with some probable hope of success. At all events, I would suggest to the students who have charge of the several wards, if they would comprehend fully the nature and treatment of this

terrible malady, first to study carefully some of the best monographs on the disease—and I know of few better than that of Dr. Paine, of New York—and then to watch attentively each case, prescribing for symptoms and not the name of the disorder, and to proceed upon the old maxim of Horace, *nil desperandum*, &c., until the patient is fairly dead. Recollect that something must be done in confirmed cholera continually, as the patient, left to himself for two or three hours, will inevitably perish. Again, common *cholera morbus* must be carefully distinguished from the epidemic, and *ship fever* from both, or the records of mortality may be fearfully increased.

In justice to the city authorities, I must say, that the Cholera Hospitals, or the several buildings appropriated for this purpose, are commodious and well ventilated, and as well appointed for the occasion, perhaps, as could be expected, though I confess I see no especial need of having piles of "coffins ready made" to clog the entrance of the Hospitals, nor why blacks and whites, males and females, should be huddled indiscriminately together in the same wards.

Among all the *brochures* that have been written upon cholera, its prevention and cure, I must mention that of Dr. Hawthorne, of the Belfast Hospital, as among the most excellent, and to all who have anything to do with the disease, either in Hospitals or out of them, I would recommend it as worthy of especial perusal. And here I cannot refrain, before closing this hasty letter, to compare the symptoms and treatment of cholera published by Dr. H., with those of Drs. Miner, Tully, North, my late father and others, as portrayed and practised by them in the *spotted fever* of New England, New York, and Canada, and the Army of the United States, at various situations, where its destroying power has scarcely been exceeded by military slaughter—a plague which raged for years, and produced as much consternation as any that ever prevailed in a community, but which yielded readily to the power of medical science and skill, and like cholera, at first exercising the power of a giant, soon became, under the magical control of apposite and Herculean remedies, as gentle as a sucking dove.

But let us contrast the two, for it is a medical fact of great interest and importance, and one which may influence the practice of others now vacillating between opposite opinions, and it may be experimental and fatal modes.

1. Spotted fever, or typhus syncopalis, is a nervous fever, without reaction, of some days' duration; while cholera asphyxia is a congestive nervous fever, of a single paroxysm, proving fatal, usually, if not arrested, in twenty-four hours.

2. The exciting causes in both epidemics are precisely the same. Errors of diet, intemperance, exposure to cold, damp air, fatigue, anxiety of mind, &c. All these conspire to induce a morbid state of the system favorable to the reception of the disease, and tend more immediately, perhaps, than any other cause, to multiply the instances of mortality.

3. The invasion of the disease is often the same in both, somewhat modified by locality and circumstances. The patient is seized in the midst of his usual labors, and oftentimes is struck down suddenly, almost as by a stroke of lightning.

4. The general group of symptoms is the same. Loss of sensibility, vertigo, faintness, distress about the præcordia, or a death-like sinking sensation at the epigastrium utterly indescribable, severe pain in the stomach, nausea, vomiting, colic, *cholera morbus*, &c., becoming incessant, embarrassing and obstinate. Universal, deadly coldness; pulse often imperceptible, unequal and intermitting; respiration oppressed, and coma, especially at the close of the disease; strangury and suppression of urine; the countenance is sunken; the solids flaccid, and a violet, livid discoloration of the whole surface. In many fatal cases the disease terminates in a deadly coma. Bile is seldom evacuated.

5. Experience has sanctioned the same treatment, though in both these destructive epidemics, it is obvious it must be varied with the vacillating symptoms which are present. "Instances have most undoubtedly occurred in practice, in which bloodletting to considerable extent has been the means of turning death into life, and despair into confidence; whilst, on the other hand, there have been some who, while their condition was not apparently very dissimilar, became the victims of the same operation."

The treatment required in both diseases, is stimulating, cordial, diaphoretic and tonic, or restorative, with an avoidance of everything that tends to *waste the vital powers*. Evacuations only render the mild cases severe, and the severe ones fatal. Opium is the sheet anchor in both; and all those patients whose symptoms are promptly met by it invariably recover.

For cholera, Dr. Hawthorne gives ten or twelve grains of opium, and half a drachm of camphor, &c., at a dose, and repeats often, with never-failing success. It is by perspiration the disease is cured. Not the slightest narcotic effect is produced by this large dose of medicine. In the most malignant cases, he says he is infallibly successful, and arrogates to himself an exclusive mode of practice, which our own countrymen used with signal success, in a similar destructive epidemic, long before Asiatic cholera was ever heard of on either side the Atlantic. Place the patient in bed, says he, give him on the instant ten of the above antispasmodic pills, and two ounces of the antispasmodic mixture of ether, aromatic spirits of ammonia, camphor spirits and laudanum, and wash the whole down with a glass of undiluted brandy or whiskey, flavored strongly with cloves, essence of ginger or some warm aromatic spice. Cover with an additional blanket, and communicate heat by jars or bottles of hot water, bags of hot salt or sand, hot bricks applied to the feet and body so as to restore the temperature and produce perspiration as soon as possible. Give an additional glass of strong, hot punch, &c. &c. In this manner, he writes—I have cured from two to three thousand cases, without a single grain of calomel.

Now the beauty and excellence of all this is, that it is copied, almost *verbatim et literatim*, from my late father's tract upon *spotted fever*, and that of Dr. Miner, which the curious reader will find condensed in Thacher's *Modern Practice*—and where the whole of Dr. Hawthorne's system is anticipated and recorded, and much more even than he has suggested, applicable to the treatment of epidemic cholera in all its forms—and which my father, with a medical intuitiveness peculiar to him,

predicted to me, in a letter as early as 1832, would be the safest and surest mode of managing the disease, should it appear on our shores; a prediction more than fulfilled by the success of the practice both in Europe and this country. Let me illustrate and confirm this by an extract from my father's treatise. "The principal indication of cure," says he, "is to increase the excitement, and support the sinking powers of life. This may be effected by stimulants, especially of the cordial and diaphoretic class, and tonics. The stimulants should be *external* and *internal*. The former may be obtained by putting the feet into warm water, placing the patient in bed between blankets, and applying to different parts of the body billets of wood boiled in water, hot bricks, or brands of fire quenched in vinegar or water, and bladders of hot water, or flannels wrung out of the same. In severe cases, frictions of the whole body with sweet oil were sometimes used. Blisters and rubefacients to the head, body and limbs, were often important; as, also, sinapisms to the feet. Internally, were given hot teas of pennyroyal, mint, sage, &c., either alone, or combined with brandy or other spirit; and the warm essential oils, as lavender, rosemary, cinnamon, and spirits of turpentine, as circumstances required; also hot punch, wine whey, &c. A powder of camphor, ipecac. and opium, with sometimes half a grain or a grain of calomel, was given every two, four, six or eight hours; its frequency depending on the necessity of exciting perspiration. Warmth and perspiration should be procured and sustained by cordial drinks, and strong broth highly seasoned. Some were known to die while under the operation of a dose of calomel and jalap, in places where the disease made its first appearance. The lancet was found to be equally unsuccessful. In cases of delirium, camphor and opium, with wine and brandy, were freely given, and cold applications used for the head. In coma, injections of yeast, brandy and laudanum, were given with the best effect. In one case of coma, *two ounces of laudanum*, together with wine and brandy *ad libitum*, were given in twenty-four hours, with perfect success. In another, a delicate female took about the same amount of laudanum, wine and brandy, in the space of four hours, and speedily recovered. Ice was applied to the head in both cases."

Powders of camphor, compound powder of contrayerva, carbonate of ammonia, &c., or ipecac., camphor and opium, with an infusion of camomile, cinnamon and ginger, were given with good effect. *Camphor, ammonia and ether*, were useful during the sinking stage. A cordial composed of essence of peppermint, compound tincture of lavender, and laudanum or paregoric, was given several times a-day. This is similar to the compound I spoke of in my former remarks on cholera, and which has been found so useful in the treatment of cholera. Rubefacients, sinapisms, stimulating frictions, &c., were used in the general treatment. More than two thousand cases under my father's care were managed according to this method, with the loss of only two and half per. cent.

I conclude with a very important suggestion by him, equally applicable to spotted fever and Asiatic cholera. "It must be remembered, in the management of this perplexing disease, that though there are certain prevailing forms, one and the same disease exists under each of them,

and that therefore *the general nature of it* should always be kept in view; the necessity of which will soon be seen in practice, as the peculiarities of the species commonly disappear after a time, leaving nothing but the simple disease to be treated by its general remedies."

Respectfully and truly yours, &c.

July 12, 1849.

FRED. B. PAGE, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 18, 1849.

Unsuccessful Vaccinations.—There is apparently some atmospherical influences operating, not at all understood, that prevents a ready absorption or specific action of the vaccine virus at this season. Few persons, it is presumed, have had a larger field for observation in regard to this particular kind of practice, than ourselves; and we regret to state that since about the 15th of June to the present time, we have had frequent occasion to lament the disappointment to which the operator is subjected on account of failures of the very best of kine pock matter. How much longer this want of susceptibility to the action of the virus may continue, is an unsolved problem. Where the absorption does take place, in a variety of instances, the period of development cannot be relied upon. Ordinarily—according to a familiar law of the economy in respect to the specific local appearances—on the eighth or nine day from the introduction of the lymph, a pustule is completely developed, and all the accompanying characteristics belonging to the true vaccine vesicle, exist in perfection—the essential evidence of which is the re-production of lymph, that will propagate the same phenomena from one subject to another, indefinitely. Now, however, in repeated instances, the pustule has not begun to appear till the twelfth day—and then but faintly, and is scarcely discernible on the sixteenth. The same condition, apparently, either of the absorbent system or of the air, now exists in this latitude, that is perpetually exhibited in tropical climates. Vaccine virus can be only occasionally reproduced in certain parts of Asia and the West Indies. Even in the Southern States, there are parts of the year when it is a waste of professional labor to vaccinate, because the virus does not take, as the expression goes. Unless there is an immediate change, we shall be obliged to suspend vaccination till one takes place. Whatever may be the cause of this state of things, the difficulty is one which disposes physicians to be vexed, and their disappointments are imputed to many causes besides the true one. Communications calculated to clear up this pathological or thermometrical question, would be gratefully received from correspondents.

Nearly all the successful efforts at vaccination, with the finest class of young children, during the time specified, have been on cool days. Had it not been for this circumstance, we should have probably failed entirely, and fresh vaccine lymph would hardly have been procurable in Boston in the month of July.

The Blind Horse of Sea Street.—An affecting sight may be witnessed daily, in Sea street, nearly opposite Benson's coal yard, in this city. A

kind-hearted Irish teamster conducts his poor blind horse, when the labors of the day are over, to the stable. Without a rein, guided simply by the varying intonations of the driver's voice, the huge, giant-framed animal turns corners, curves gently towards the sidewalk, crosses the threshold, and finally reaches the appropriate stall, going zigzag round a post in one place, by the heels of other horses in another, and without accident or blunder. How delicate must be the ear of that dependent creature, and what an accurate and discriminating knowledge he has acquired of the true meaning of the words of his master. A variation of tone, in regard to force or intensity, instantly quickens his motions, or moderates his pace, as circumstances may require. There is no hesitation, no delay, because he has ascertained by experience that the Irishman is his real friend, who never deceives him. Hence, when he is urged to do one thing or another, it is instantly done, and thus he avoids being injured or making a false step. The Rev. Mr. Somebody, of New York, a few years since attempted to demonstrate, upon psychological principles, that horses have souls, but was ridiculed, of course, for his pains. What essential attributes of a soul are not discovered in this blind horse? He has memory, reflection, a clear and distinct idea of language—and, lastly, exhibits still higher attributes, confidence and love. While viewing the case, the thought involuntarily urged itself upon us—here is a puzzle for the philosophers.

Medical College Buildings.—Here in Boston, the accommodations are very superior; but there is need enough, in other places, of rebuilding, or at least repairing their old dilapidated tenements. A new lecture house is sadly needed at Berkshire. Why, the seats in the anatomical theatre are almost whittled out of sight. How is it at Castleton? Students have no kind of respect for broken benches, greasy seats, smoky rooms, and scientific dust. Veneration is no part of American character. Let trustees, therefore, look to their accommodations, and put on the paint and white-wash both seasonably and plentifully.

Revelations on Cholera.—This is a four by six inch book, by Samuel Dickson, M.D., &c., edited by W. Turner, M.D., of New York. Chrono-thermalism—its doctrines of health, disease, restoration and remedies—is a text from which flows an introduction, so unfortunately long that no one will trouble himself to read it. All the remainder has been before the public before. The author's only hope, unquestionably, has reference to a prodigious quarrel, which will of course shake the earth, jostle down the old doctors like a row of bricks poised endwise, and then the people, the poor bled-to-death, vomited-to-death, and physicked-to-death, may be cured by the chrono-thermalists. This is one side; there are several others, one of which is, that there are some admirable hints and wise suggestions in the book, together with some nonsense to fill out the pages. Finally, we have felt obliged to examine so many treatises on cholera, of late, all differing in the mode of treatment, that it is quite difficult to determine who deserves merit and who not.

St. Joseph's Hospital, Philadelphia.—Boston has had the reputation of abounding in charitable institutions, but the city of broad brims is likely to have the ascendancy. St. Joseph's Hospital, Philadelphia, is something

new, just opened on Girard Avenue; and, although in an incipient state, will soon accommodate 120 patients. Drs. Horner, Jackson, Stillé and Keating, names quite familiar to the great public, compose a part of the committee of management, and of course it will be fully developed, and may live and thrive for centuries to come. The sisters of charity are to attend upon the sick.

The subject of this new hospital induces us to allude again to the importance of one at East Boston. It is the place for a hospital, and as many as from two to three acres of ground should be secured for its use, while land can be had. Before the alms-giving, bequest-making, hospital-endowing, benevolent gentlemen and ladies, who are now burdened with wealth, are aware of it, a population of 100,000 people will be spread over that inviting section of the metropolis. A little money now would purchase much territory; but by-and-by it will require a great deal of cash to buy a small piece of land. Boston needs to be roused from a lethargy: eating great dinners and then sleeping while they digest, was never prescribed by a physician. Philadelphians have quite as much charity as others who are more boisterous about their good deeds, and yet their city thrives exceedingly, although so much goes into hospitals and infirmaries.

Baltimore Dental College.—Lectures of the tenth annual session will commence, as will be seen by reference to our advertising page, on the last Monday of Nov. A rich cabinet and library, besides various appliances nowhere else to be found, together with a faculty determined to elevate the profession of dentistry, will convince students that Baltimore is the place to become scientific in their calling.

Cause and Cure of Cholera—Sulphur Pills.—An extra sheet from the N. W. Medical Journal, at Chicago, Ill., has a long article on this subject by the editor, Wm. B. Herrick, M.D., Professor of Anatomy in the Rush Medical College, in which he says, "Cholera and influenza are so nearly allied as to justify us in assuming that both are produced by the same cause—and that this cause is ozone." Then follows his declaration of faith in Dr. Bird's infallible remedy—*sulphur*. Report positive says that these sulphur pills have been analyzed and found well drugged with morphine! This paper comes in advance of the publication day of Dr. Herrick's Journal.

To the Editor, &c. SIR.—The unexpected result of a small bit of surgery makes it worth reporting. The end of a thumb, with a piece of the nail, was cut clean off by a sharp knife. I secured the amputated portion accurately in its place with adhesive straps. Perfect union has taken place, so that the thumb is symmetrical, which could hardly have been the case had the stump been dressed differently.

Boston, July, 1849.

WILLIAM INGALLS, JR. M.D.

Medical Association of the District of Columbia.—At a recent meeting of this Association, a report and resolution were adopted respecting the preliminary education of medical students. The latter, which is to be added to the Regulations of the Association, is as follows:—

"No member of this Association shall receive any one into his office as a student of medicine without a certificate from the Counsellors that he has been examined and found qualified to commence the study of medi-

cine; and it shall be the duty of the Counsellors, before granting such certificate, to satisfy themselves that the applicant is of good moral character, that he has received a good English education, including an intimate knowledge of the construction of language and a correct orthography; that he is well acquainted with the elements of natural philosophy, embracing the elementary principles of mechanics, optics, acoustics, pneumatics, and hydraulics; the elementary mathematical sciences, including algebra and geometry, and that he possesses a competent knowledge of the Latin and Greek languages.

Progress of Cholera.—The alarming extent to which the disease is now prevailing in several places at the West, shows that the worst fears which were entertained respecting its ravages in this country, have been fully realized. The authentic reports from St. Louis appear to equal, in their frightful mortality, the returns last year from the old world, which at the time were considered almost fabulous. July 12th, the interments for the last 24 hours were 186, of which 145 were from cholera; and on the 13th the cholera interments were 199. Dr. Barbour, Professor of Obstetrics in the University of Missouri, is reported as one of the victims, and other physicians are said to have fallen. In Cincinnati, on the 13th, the cholera interments for 24 hours were 112. In New York, at 2 P. M., the 14th, cholera cases, 123; deaths, 61. 15th, cases, 76; deaths, 37. It will be seen by our weekly report that 13 deaths by cholera are reported as having occurred in this city last week. Yet the total number of deaths was unusually small up to Friday noon, when that report closed. During the next 24 hours, after a few days of excessive heat, the mortality was greatly increased.

Medical Miscellany.—Mrs. Elizabeth Grindell died on the 22d of June, at Goshen, N. H., at the age of 104 years, 3 months and 9 days. Remarkable instances of longevity in that State, have frequently been recorded. Even persons born there, who have emigrated to other places, seem to have an extraordinary lease of life.—The sale of pork has been forbidden at Cincinnati, on a presumption, by the municipal authorities, that it predisposes those eating it to attacks of the cholera.—A Dr. Nicholas R. Millett, who has figured in a revolutionary aspect, at Metamoras, has been arrested—and that is probably just what he wanted, being now fed at the public expense, and no one ever being shot there for his opinions.—Dr. Fontaine, of golden bible memory, is under trial at Concord, Mass., for obtaining property by false pretences.—Dr. J. K. Smith, of Mt. Vernon, N. H., took from a tumor, it is said, near the umbilicus of a lady, 326 gall-stones.—A Louisiana planter and physician states in a letter, that the cholera has destroyed one tenth of the slaves in that State.—Four thousand people, out of a population of 60,000, died at Limerick, in one month, of the cholera.—The Dental Recorder of July 1st, gives an account of curing tooth-ache by steam, on the Ohio river. The fellow who performed, had rights to sell, and of course belonged either to Connecticut or Massachusetts.—Smallpox is prevailing at St. Vincent, Martinique.—Mrs. Leach, of Dunbarton, N. H., died June 20th, at the age of 102 years.—People are injuring themselves exceedingly by drinking soda immoderately, this warm weather. They should abstain, too, from gormandizing on ice creams late in the evening.—Among the best cholera preventives are the letting alone of medicine till it is positively necessary, and then only take it by the advice of a judicious physician.

To CORRESPONDENTS.—The two interesting papers in to-day's Journal have crowded out a variety of other matters. Those which have not been before acknowledged, are—Dr. Comstock on Cholera, Dr. Jones on Intestinal Worms, and Dr. King in Reply to Dr. Jarvis.—A note from Dr. J. K. Smith, of Mt. Vernon, N. H., encloses a few of the gall-stones from the tumor alluded to in our Miscellany of to-day.

Report of Deaths in Boston—for the week ending July 18th, 69.—Males, 35—females, 34.—Of consumption, 11—infantile, 5—marasmus, 5—teething, 2—cholera, 13—cholera infantum, 1—diarrhea, 2—inflammation of the bowels, 4—dropsy in the head, 4—drowned, 2—lung fever, 1—old age, 1—typhus fever, 2—scarlet fever, 2—convulsions, 1—accidental, 1—puerperal fever, 1—wound of an artery, 1—erysipelas, 1—debility, 1—inflammation of the brain, 1—dysentery, 1—rheumatic fever, 1—drinking cold water, 1—epilepsy, 1—peritonitis, 1—strangulation, 1—cancer, 1.

Under 5 years, 26—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 14—over 60 years, 4.

The Cholera at the West.—Dr. Haskins, in writing for the Western Medical Journal an account of the cholera as it appeared recently in Clarksville, Tenn., refers as follows to some important points in the spread of the epidemic.

"In the invasion and spread of the cholera over our town, numbering about three thousand inhabitants, we have been unable to detect anything resembling the invasion and spread of a contagious disease. In the very beginning of the epidemic, several individuals, residing in different portions of the town, and having had no communication with one another, were attacked about the same time; and during its whole continuance, the cases appeared to arise irrespective of any proximity to the sick or their residences, the nurses of the sick, and inmates of the same apartments, escaping in nearly all instances.

"The disease having already prevailed for some time previously in both the cities of New Orleans and Nashville, and the steamboats daily landing passengers and merchandize upon our wharves, we were furnished with no facts upon which to found a conclusion as to whether it was brought up or down the river, or what time intervened from the dissemination of the poison, to its manifestation in disease. One fact more should be stated, and that is, that no patient with cholera had been landed here, and that our first patients of cholera had seen no cases of that disease.

"The disease prevailed principally among the negro and destitute white population, and but few women or children of any class were subjects of the malady. No white persons residing in the more cleanly portions of the town, and enjoying the ordinary comforts of life, were attacked, except a few, who were predisposed to gastro-enteric irritation, and even they, without exception, recovered. Disturbances of the healthy action of the stomach and bowels prevailed very generally."

Therapeutic Effect of Oleum Jecoris Aselli and Prunus Virginiana. Phthisis treated—Recovery.—In Sept. 1848, Mr. F. F., of B——, called on me for medical advice. He was 22 years of age—had been afflicted with a severe cough for three months—had laryngitis and every diagnostic symptom of phthisis in the right lung. I prescribed for him ol. jecoris aselli, three spoonfuls a day, and comp. tinc. opii, 3 ij., with a strong decoction of Prunus Virginiana. Being fond of the oil, he took the full amount, and, the latter part of the time, six ounces of it a day. He rode on horseback every day. The larynx was touched daily for two weeks with a solution of nit. arg. 40 grains to the ounce of aqua distillata. In six weeks he had gained twelve pounds of flesh, and was free from all his phthisical symptoms. He has had no return of them since. Whether this was one of those cases which would have come under the denomination of Laennec's Spontaneous Cures, or like the late Dr. Parrish's case in Philadelphia, where *puckerings* or *fistulous cavities* will be found in the lung upon *post-mortem* dissection, I will not determine. That it was a case of phthisis, I have not the least doubt. I would merely suggest that a *combination* of these two agents, the cod-fish liver oil and the wild cherry bark, may be more efficient than we have heretofore supposed, and may be worthy of a trial in all cases.—DR. W. M. CORNELL, in *Charleston Medical Journal*.